

## *Questions and Answers, Part II*

### *California Home Visiting Program Request for Supplemental Information*

For further questions contact: [CA-MCAH-HomeVisiting@cdph.ca.gov](mailto:CA-MCAH-HomeVisiting@cdph.ca.gov)

#### **1. What is the methodology of the hot spot analysis?**

As indicated in California Home Visiting Program Request for Supplemental Information (HVP-RSI), the variable used from American Community Survey (ACS) is families below 185% Federal Poverty Level with any children under age 5. First the Medical Service Study Areas (MSSAs) with a count less than 100 were removed in order to avoid the limitation of small numbers and to reflect our minimum criteria of 100 families for a new program. Then, a hot spot analysis was conducted at the census tract level. A recently updated version of ArcGIS allowed us to use more refined methods compared to older versions.

If a county conducts their own hot spot analysis and finds differences in areas identified as hot spots, it is likely due to our exclusion of census tracts contained by MSSAs with small number, use of an older version of ArcGIS, or because the analyses are not comparing statewide data. CDPH/MCAH conducted analysis on a statewide level, not on a level for identifying the area of highest need within every county.

#### **2. I have trouble downloading the county PDF packets.**

This issue is probably the result of the large size of the file. It may also be based on how your local system is configured. If the Local Health Jurisdiction (LHJ) runs into further difficulties, contact CDPH/MCAH and we can create a compressed version and email it directly.

#### **3. The County Table lists percentiles for some of the indicators. How should that information be used?**

That percentile information serves as guidance for your LHJ in completing the HVP-RSI. The information indicates how your county compares to the entire State on the listed indicators. For instance, if an indicator for your county is in the 90<sup>th</sup> percentile, your percent or count for that indicator was higher than 90% of the state.

#### **4. Part A, Question 2 of the HVP-RSI asks to provide salary ranges for existing staff. The formatting of the boxes does not allow us to input this information correctly.**

We apologize for this oversight. CDPH/MCAH sent a new version of Part A in an email blast on March 29<sup>th</sup> and posted this updated version on the home visiting website; <http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>. If an LHJ has already completed their Part A and can answer all questions regardless of the formatting error, they can submit what they have already.

**5. Is Adolescent Family Life Program (AFLP) considered a home visiting program?**

No, the definition of a *Home Visiting* Program, for purposes of this funding, is a program that provides home visitation as the primary service strategy AND must meet the criteria for evidence based per the Affordable Care Act.

**6. Would Targeted Case Management be considered a home visiting program?**

See response #5.

**7. Will an LHJ that already has NFP or HFA programs be given priority over those LHJs that don't?**

When the HVP-RSI responses are received, we will take into account current capacity and infrastructure. It is feasible that a county will have the capacity to host a new HFA or NFP site without having existing sites. The emphasis is on total infrastructure and not necessarily on the presence of existing NFP or HFA sites.

**8. What is the dollar amount allocated to each program?**

Currently we are in the negotiation phase with the models. The budget amounts included in the HVP-RSI were provided from NFP and HFA using nationwide statistics; actual cost can vary by region. Once a community has been selected for funding, the LHJ will be provided with exact figures to accommodate program needs. This includes training, salaries, technical assistance, and operating expenses that include county overhead.

**9. If our LHJ designates the whole county as the at-risk community, do we still need to provide information regarding high-risk regions within the county?**

Please complete the response with information that is countywide. If there are high-risk areas within the county please identify them as well as the population in need. Be sure that in Part B for services provided, there is an implementation plan addressing provision of services across the entire county.

**10. Can we combine two cities that are high-risk and designate that as our target community?**

Yes, an LHJ can combine different areas of the county and call that one community; they do not need to be adjacent areas within the county. The implementation plan in Part B would have to address how services would be provided across the designated areas.

**11. Do we need to supply information about the salaries of all evidence-based models in our jurisdiction (Part A, Question 2)?**

No. During this home visiting phase we are only funding NFP and HFA. There is no need to provide salary information for other models. But if there is a promising practice model of interest or an adapted model of NFP/HFA in your jurisdiction, salary information would be useful to MCAH to give us an idea of local costs.

**12. Our LHJ will not seek funding. What do we need to complete?**

Complete Part A of the HVP-RSI up through Question 7. In Question 7, provide a statement indicating your county is not interested in funding for the next two fiscal years.

**13. If a Community-Based Organization (CBO) administers a home visiting program, do we report this cost?**

If home visiting is subcontracted out, to the role of CBOs needs to be considered and included in your HVP-RSI response. Home Visiting funds will be allocated to the LHJs through the MCAH allocation process.

**14. Can public health field nursing be included as a model in Part A, Question 1?**

No. Field nursing is not part of a home visiting program, even though duties are shared.

**15. Does the Maintenance of Effort requirement refer to evidence-based models or any home visiting model?**

The Maintenance of Effort (MOE) refers to the dollar amount that the state was spending on home visiting services (which refers to Appendix B in the SIR #2: Models that Meet The Criteria for Evidence Base) from State general fund as of March 23, 2010.

**16. Our LHJ has a program established before March 23, 2010 and wants to expand. Do we count clients from March 24, 2010 onward as part of our 100 eligible families?**

An LHJ can expand on the existing program but not supplant it. The HVP-RSI requires 100 new clients, not including families currently being served.

**17. Programs run by First 5 are at risk of losing funding. Can we use home visiting awards to enhance First 5 funded programs?**

The Maintenance of Effort (MOE) refers to the dollar amount that the state was spending on home visiting services from State general fund as of March 23, 2010 . Use of home visiting dollars towards expansion of existing programs is acceptable. However, please run specific proposals through your local county counsel.

**18. In Part A of the HVP-RSI, what is the purpose of Questions 3, 4, and 5?**

Responses to Question 3 will give CDPH/MCAH an understanding of the data collection and analysis infrastructure. At funding years 3 and 5, the state of California is required to meet legislatively-mandated benchmarks. If it fails to do so, it will not be competitive for HRSA funding.

Questions 4 and 5 are meant to gauge how well LHJs coordinate services within their county as part of an early childhood system. The State is required to maintain this coordination effort.

**19. Question 10 in Part B could be answered at length. What kind of response are you looking for?**

Question 10 asks for services and resources in the domains listed. LHJS should list all existing services and resources in each of the provided domains; your response does not have to be in great detail and should not include a description of each service or resource. Additional detail and descriptions should be given when responding to operational plans; here we ask you pull from those services and resources listed by domain and describe those that will be part of your operational plan.

**20. Please clarify Questions 5 and 6 of Part A.**

Question 5 comes directly from the guidance. This information will be utilized in response to federal requirements. Question 6 asks for the frameworks that exist for agency collaboration. Recognize that no one agency can oversee the home visiting program, given its scale. In some ways Question 6 is an expansion of 5, and there may be overlap. Responses to Question 6 will give us an idea of the existing framework and a way to integrate new programs.

**21. Does Question 3 of Part A refer to our program agency?**

Yes, Questions 3 and 4 are agency-specific. Identify the person(s) responsible for data collection.

**22. Will the state assist LHJs in developing a consortium?**

During our first conference call we encouraged LHJs to contact neighboring LHJs and consult with them. If an LHJ needs specific contact information, contact CDPH/MCAH.

**23. Are the client numbers for HFA and NFP in the county profiles and county maps generated with the same methodology?**

No. HFA and NFP provided their methods to us, and CDPH/MCAH calculated the number of families likely to enroll in the programs. The methods HFA and NFP use differ from each other.